

Montana Hunter/Bowhunter Education Acknowledgement of Risk Form

I understand that some of the activities that I may participate in while attending a FWP sponsored hunter/bowhunter education program (classroom or field day), including the use of archery equipment, firearms, hiking, or other related activities involve some level of risk and understand that due to the nature of these activities all injuries cannot be completely prevented. I understand that participation involves various levels of risk, and I am aware that there is a possibility that I may receive an injury. These injuries may range from a simple bruise to a cut, sprain, strain, or injuries that may require medical attention.

I hereby consent to receive or permit medical treatment that may be deemed advisable in the event of injury, accident and/or illness during an activity to me or my child.

I understand that at this event or related activities, my child or I may be photographed. I agree to allow the use of my child's or my image by FWP for any legitimate purpose, such as, newsletters, FWP websites, and brochures.

I acknowledge that this form will be used by Montana Fish, Wildlife & Parks and that it will govern my actions and responsibilities during the activities in which I participate. In consideration of being accepted for hunter/bowhunter education course, I agree to attend all classes, to follow instructions, to fulfill all course requirements, and to cooperate with my instructors and other students. I understand that I must complete all phases of the course satisfactorily before I am eligible to receive a certificate of completion as authorized by Montana law (MCA 87-2-105).

By signing below, I hereby acknowledge that I am voluntarily participating in these activities and that I

Print Participants Name	age	Signature (if under 18 years old,	Date
		Parent or guardian must also sign)	
•		the above named minor hereby authorizes any program instructor	
enrollment in hunter/bow	hunter education and		to permit the abov

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